

# iART

## Immediate Antiretroviral Treatment for People With HIV



Initiating antiretroviral treatment (ART) on the day of diagnosis or first HIV-related clinic visit for all individuals with HIV can empower them, improve individual health outcomes and advance community health. Treatment can be started by anyone who tests positive for HIV and is ready and willing to immediately start treatment while waiting for standard baseline laboratory testing.

Clinics should utilize the rapid access enrollment of the [New York State Uninsured Care Programs](#), such as the AIDS Drug Assistance Program (ADAP), ADAP Plus (Primary Care) and ADAP Plus Insurance Continuation Program (APIC); make starter packs available on-site; or have partnerships with nearby pharmacies that can dispense medication without delay.

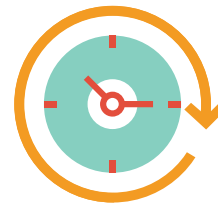
To cover costs for uninsured and underinsured clients/patients, clinics may leverage the New York State Uninsured Care Programs,<sup>1</sup> pharmaceutical manufacturer-sponsored patient assistance programs and other program funding (such as special grants and 340Bs).



## Why start immediate antiretroviral treatment (iART)?

### **iART improves individual health outcomes.<sup>2</sup>**

Starting treatment on the day of a positive HIV test result helps lower viral load and increases a client's participation in their care plan.



### **iART advances community health outcomes.<sup>3</sup>**

The New York State Clinical Guidelines recommend clinicians to initiate treatment — preferably on the same day or within 96 hours — to all individuals with a confirmed HIV diagnosis, a reactive HIV screening result pending results of a confirmatory HIV test or suspected acute HIV infection. Starting treatment sooner increases the body's uptake of ART and helps link clients to care more quickly so the viral load is suppressed more quickly.

### **iART is the standard of care.<sup>3</sup>**

**Anyone who tests positive for HIV and is ready and willing to immediately start treatment is eligible to start it, including those who:**

- Have a reactive point-of-care HIV test result, or
- Have a confirmed HIV diagnosis, or
- Have suspected acute HIV infection, or
- Have known HIV infection



## What does iART mean for clients?

### **An opportunity to take control of their health.**

When treatment is available immediately, there is no waiting period, no anxiety and no uncertainty for clients about when they will be treated. Starting treatment sooner can empower clients to talk about their status with partners, friends and family. However, it is ultimately the client's decision whether to start immediate treatment. At New York City Sexual Health Clinics,<sup>4</sup> more than 75% of clients accept treatment when offered same-day ART on-site. (See the Expectations section of this brochure for more details.)

### **Peace of mind.**

Even as clients adjust to their HIV diagnosis, starting treatment can represent a proactive decision to improve their health and ultimately prevent further HIV transmission. Clients who take ART daily as prescribed and maintain an undetectable viral load will not transmit HIV through sex. Treatment helps people with HIV get to an undetectable viral load as quickly as possible.

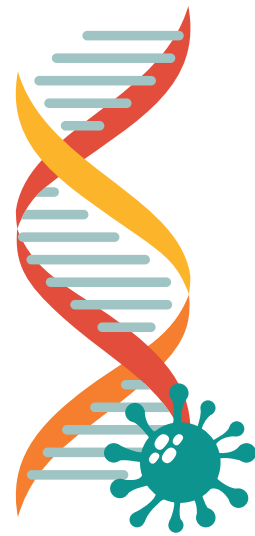


### **An improved health care experience.**

Starting HIV treatment immediately is an opportunity for a health care provider to help improve a client's health care experience — providers can talk to clients about how HIV is manageable and make their clinical care more efficient.

## Who is eligible for iART?

- Anyone who tests positive for HIV, and is ready and willing to immediately start treatment, including those who:
  - Have a reactive point-of-care HIV test
  - Have a positive result from a lab-based HIV test
  - Have recent use of pre-exposure prophylaxis (PrEP) or emergency post-exposure prophylaxis (PEP)\*
  - Have been previously diagnosed and:
    - Have never been in care, or
    - Have fallen out of care and have a relatively straightforward ART history



Clinics should offer iART preferably on the same day or within 96 hours to all clients eligible for iART,<sup>5</sup> regardless of insurance or immigration status.

**\*Note:** Clients with recent use of PrEP or emergency PEP can be switched immediately to a standard, initial HIV treatment regimen while resistance testing is pending; there is no need to wait for the test result to start a full-treatment regimen.<sup>3,6</sup>

## Who is not eligible for iART?

- Clients with signs or symptoms of severe opportunistic infections (for example, cryptococcal meningitis, tubercular meningitis or Cytomegalovirus retinitis) — consult with a clinician experienced in managing severe opportunistic infections before initiating ART
- Clients likely to have multiple mutations to antiretrovirals for whom results of resistance testing would likely influence regimen choice, such as clients with a prior treatment experience with known or suspected resistance

## What regimens can be used for iART?

Providers should look at [guidelines from the Department of Health and Human Services](#), [recommendations from the International Antiviral Society](#), or the [clinical guidelines program from New York State](#) for preferred and alternative iART regimens. Local resistance patterns show these regimens are appropriate for clients who choose iART. Also, providers can test for drug resistance using a genotype, which should guide any changes to the initial regimen.



## Expectations for iART Clinical Providers and Partners

- Use the list of expectations below to ensure that you and your clinic are ready to offer iART to clients who have been approved to participate.
- Email [HIVStatusNeutral@health.nyc.gov](mailto:HIVStatusNeutral@health.nyc.gov) to pledge to fulfill them and become an iART clinical partner by adding your services to the NYC Health Map.
- Receive client referrals for those who need iART from community-based programs, testing sites and other clinics (that may not be able to provide iART).

### ✓ **Form and train a committed team to manage the iART process.**

Team members should collaborate and communicate without delay to provide clients with counseling, benefits navigation, and clinical care, including medications.

### ✓ **Establish at least one contact person to coordinate iART linkages, the treatment initiation process within the clinic and client handoffs** (for example, from the testing site to the clinic). Provide them with a centralized phone line or cell phone or pager so they can always answer calls during office hours to support the process.

### ✓ **Educate all clinic staff about iART.** All clinic staff, including staff members who are not directly engaging with clients, should know about the clinic's commitment to iART so that the message to clients is clear and consistent.

### ✓ **Provide same-day or next-working-day appointments.** Clinics providing iART should have a scheduling process that allows clients who need HIV treatment to get it the same day or next working day.

### ✓ **Provide client education and counseling** in a client's preferred language. Providers should be able to discuss the benefits and potential risks of starting iART; the importance of adhering daily to their medications; any potential side effects; and the role of monitoring for viral load — all tailored to the client's understanding and experience. Clinic staff should also address potential barriers to care, including insurance coverage and any mental health or substance use issues.

- The right to receive services in your preferred language is called language access. Federal, state and city language access laws exist to ensure that clients with limited English proficiency can access health care in their preferred language, at no cost and regardless of immigration status. NYC agencies, offices and clinics are required to have access to a language interpretation line to call a professional interpreter for you. For more information, visit [nyc.gov/health](https://nyc.gov/health) and search for [language services](#).

- ✓ **Conduct a comprehensive medical evaluation.** On day one, clinic staff should conduct an HIV and general medical history, and draw baseline labs (including genotype) while following [guidelines from the Department of Health and Human Services](#) or the [clinical guidelines program from New York State](#) about HIV diagnosis and management.
- ✓ **Minimize client handoffs from day one.** Care should be client-centered and seamless. When handoffs are required, such as to link a client from one site to the next, the client should be accompanied from site to site.
- ✓ **Make medications immediately available.** Clinics should make starter packs available on-site or have partnerships with nearby pharmacies that can dispense medication without delay, regardless of a client’s insurance status. To cover costs of uninsured and underinsured clients, clinics may leverage the New York State Uninsured Care Program, pharmaceutical manufacturer-sponsored patient assistance programs or other program funding (such as special grant and 340Bs).
- ✓ **Follow up with the client.** After a client starts iART, clinics should call them on the phone within two to three days; schedule an in-person visit within one to two weeks to repeat lab work and possibly adjust the regimen; and call them by phone or see them in person within 30 days to follow up with them about their adherence to the regimen. Follow-up visits should be made approximately every three months thereafter.<sup>4</sup>

## References

1. New York State Department of Health. Uninsured Care Programs - Summary. <https://www.health.ny.gov/diseases/aids/general/resources/adap/>. Accessed January 13, 2021.
2. Ford N, Migole C, Calmy A, et al. Benefits and risks of rapid initiation of antiretroviral therapy. *AIDS*. 2018;32(1):17–23. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5732637/>.
3. New York State Department of Health AIDS Institute. Clinical Guidelines Program. Protocol for Rapid ART Initiation. [https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/#tab\\_4](https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/#tab_4). Accessed January 13, 2021.
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5. New York State Department of Health AIDS Institute. Clinical Guidelines Program. Rationale for Rapid ART Initiation. [https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/#tab\\_2](https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/#tab_2). Accessed January 13, 2021.
6. US Public Health Service. PrEP for the Prevention of HIV Infection in the United States – 2017 Update: Clinical Providers’ Supplement. Centers for Disease Control. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf>. Published March 2018.

For more information about iART, or if you are interested in being listed as an iART provider on the **NYC Health Map**, email **[HIVStatusNeutral@health.nyc.gov](mailto:HIVStatusNeutral@health.nyc.gov)**.

**Together we can end the epidemic of HIV in NYC.**